

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043816

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 306Primary Registration District No. 6048Registrar's No. 22

FILED DEC 13 1962

VS 300  
Rev. 4/59

0921

20921

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9725X

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1286-0

132-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

Saint Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

O'Fallon Mo.

Length of stay in lb

10 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St Mary's Institute

Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
a. STATE

Mo.

b. COUNTY

St Charles

c. CITY  
OR TOWN

O'Fallon, Mo.

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

204 N. Main Street

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Sr Mary Berenice Orf

4. DATE  
OF DEATH

Month

Day

Year

Dec 8, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/16/1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10b. KIND OF BUSINESS OR INDUSTRY

12. BIRTHPLACE (City and state or country)

Flinthill, Mo S Scho

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Vincent Orf

13b. MOTHER'S MAIDEN NAME

Ida Wilmes

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Chronic Arthritis

10 yrs

DUE TO (c)

Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 19 60 to Dec. 8, 1962 and last saw her alive on Dec. 8, 1962Death occurred at 10:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. M. Keller

M.D.

22b. ADDRESS

Westville, Missouri

22c. DATE SIGNED

12-10-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

12/11/1962

23c. NAME OF CEMETERY OR CREMATORY

Convent Cemetery

23d. LOCATION (City, town, or county)

O'Fallon Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Charles Galbraith O'Fallon Mo

25. DATE RECD. BY LOCAL REG.

12/11/62

26. REGISTRAR'S SIGNATURE

E. A. Kettly

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles J. Callahan

Licensed Embalmer No. 5128

P. O. Address O'Fallon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.